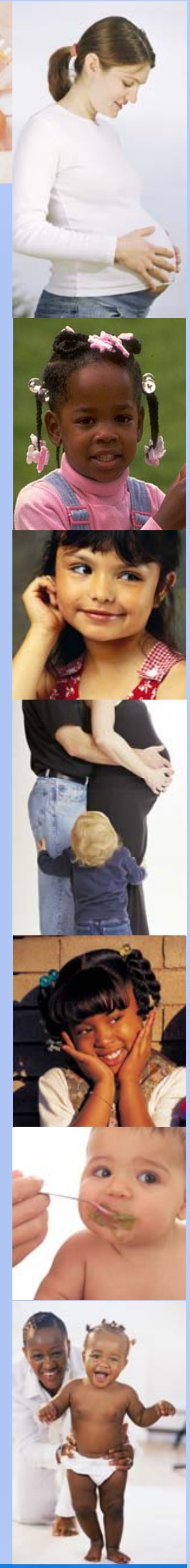


2006 ANNUAL REPORT

Division of Maternal & Child Health

Department of Medical Assistance Services

Commonwealth of Virginia

CONTENTS

Division of Maternal & Child Health

As part of an aggressive effort in 2002 by the Department of Medical Assistance Services (DMAS) to increase enrollment of eligible children, the Division of Child Health Insurance was created. This new organizational structure provided an increased level of focus and accountability for the administration of the FAMIS program and improved coordination with the Medicaid program for children. At the beginning of 2005, DMAS reorganized the division to incorporate oversight of numerous specialized services provided to children and pregnant women receiving Medicaid or FAMIS benefits. This new ***Division of Maternal & Child Health*** *(MCH)* was created to:

- improve coordination of programs;
- increase enrollment, access and utilization of health services;
- promote the efficient use of shared resources;
- develop maternal & child health policy expertise; and
- ensure effective collaboration with stakeholders.

Most importantly, the Maternal & Child Health Division was tasked with ensuring a positive impact on the health of the women and children covered by Virginia's public health insurance programs.

This document represents the first annual report for the Division of Maternal & Child Health and it contains information and data on the various programs administered by the MCH division in 2006. While much work remains to be done and new challenges are on the horizon; it is helpful to take a moment to examine where we are now and recognize where we need to go.

The staff of the Division of Maternal & Child Health wish to thank our many committed and varied partners for helping us serve our clients and pushing us to do better. These partners include: the Virginia General Assembly, our sister state agencies, community programs and local agencies, foundations, contractors, providers, advocacy organizations, and most importantly, the hard-working employees who make up the Virginia Department of Medical Assistance Services.

Covering Pregnant Women & Children With Affordable Health Insurance

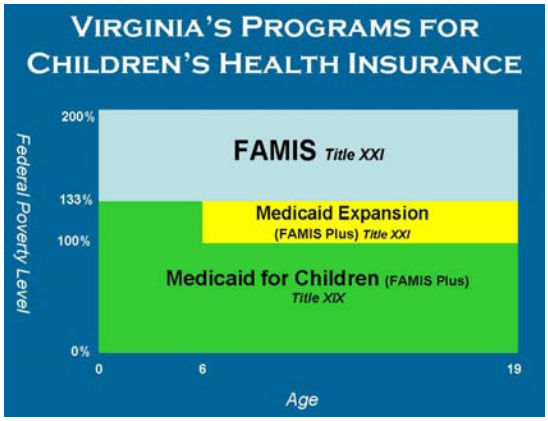
Mission

To provide access to a comprehensive system of high quality and cost effective health care services to the Commonwealth of Virginia's qualifying pregnant women and children.

Overview of Maternal & Child Health Programs

In 1965 Congress created Medicaid through Title XIX of the Social Security Act to furnish medical assistance to eligible low-income persons. In 2006, over 28 million children received health care through this vital program. In 1997, Congress encouraged states to expand coverage to low income children by authorizing the **State Children's Health Insurance Program (SCHIP)**. This new Title XXI program was targeted to uninsured children whose families earned too much for Medicaid but were unable to afford private coverage. During 2006, state SCHIP programs covered an additional 6 million children nationwide.

Virginia's SCHIP program consists of both the separate **FAMIS** (Family Access to Medical Insurance Security) program and the **SCHIP Medicaid Expansion Program**. Together they cover uninsured children with family income above Medicaid but at or below 200% of the federal poverty level (FPL). Both programs provide comprehensive healthcare coverage with approximately 80% of enrolled children receiving services through a contracted managed care organization and the remaining 20% receiving services through a fee-for-service delivery system. SCHIP is funded through federal and state dollars (65:35) and in **federal fiscal year 2006** provided coverage to over **137,000 Virginia children.**



The FAMIS program provides access to comprehensive healthcare services with a benefit plan originally modeled on the state-employee health plan. FAMIS requires cost sharing from families through co-payments for services and offers a premium assistance option for private/employer-sponsored insurance through the **FAMIS *Select*** program.

Created in 2002, the SCHIP Medicaid Expansion program allows children of different ages within the same family to be enrolled in the same program. Virginia uses part of the SCHIP funding to expand Medicaid coverage to children ages 6 -18 with family income between 100%-133% FPL. In 2004, by Act of the Virginia General Assembly, Children's Medicaid, including the SCHIP Medicaid Expansion, was renamed **FAMIS Plus**. The intent was to reduce any stigma associated with Medicaid and to promote the children's' health insurance programs under the same brand name - FAMIS. FAMIS Plus, not including the SCHIP Medicaid Expansion, **covered just under 500,000 children** in state fiscal year 2006.

The **FAMIS MOMS** program was implemented in August of 2005 through SCHIP to cover pregnant women with income above the Medicaid limit of 133% but at or below 150% of the FPL. In 2006 the General Assembly increased FAMIS MOMS eligibility to 166% of the FPL. Women enrolled in FAMIS MOMS receive a Medicaid-like package of benefits for the duration of their pregnancies and for two months postpartum. At the conclusion of 2006, **705 women** were **receiving prenatal care through FAMIS MOMS!**

Specialized Services

BabyCare — Implemented in 1988, by the authority of the Virginia General Assembly, *BabyCare* was developed to produce better birth outcomes and reduce infant mortality for enrollees in fee-for service Medicaid. There are two components within *BabyCare*:

1. Maternal Infant Care Coordination (MICC) — Intense care coordination/home visitation for pregnant women and infants up to age two who are identified as high-risk and are eligible for Fee for Service (FFS) Medicaid, FAMIS, or FAMIS MOMS.
2. Expanded Prenatal Services for Pregnant Women — This may include patient education classes, nutritional services, homemaker services and substance abuse treatment services (SATS). Expanded prenatal services are available to any pregnant woman enrolled receiving services through FFS.

Medicaid Managed Care Organizations (MCOs) have their own high risk maternity and infant programs that offer comparable services.

EPSDT— Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT) is a comprehensive and preventive child health program for individuals under the age of 21 that is required by the federal government to be a part of every state's Medicaid program. It includes periodic health screening, vision, dental and hearing services and medically necessary treatments. Virginia's EPSDT program goals are to keep children as healthy as possible by:

- Assuring that health concerns are diagnosed as early as possible,
- Assuring that treatment is provided before problems become complex, and
- Assuring that medically justified services are provided to treat or correct identified problems.

Family Planning Program — The 1999 Virginia General Assembly mandated DMAS to create a program that would provide family planning services for up to 24 months following the end of pregnancy for women who received a Medicaid-funded, pregnancy related service during their most recent pregnancy. Following approval of a waiver application by the Centers for Medicare and Medicaid Services, DMAS implemented the program in October 2002. This program is evaluated to determine the impact of family planning services on birth outcomes, birth spacing, and averted costs associated with labor/delivery and newborn/infant care.

School Based Services — Under the Individuals with Disabilities Education Act (IDEA), public schools are required to provide children with disabilities a free appropriate public education, including special education and related services according to each child's individualized education plan (IEP). State Medicaid agencies are responsible for the "related services" identified in the child's IEP if they are covered under the state's Medicaid plan. Medicaid covered health services provided by school divisions include: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); physical therapy, occupational therapy, speech-language pathology services; skilled nursing services; and psychiatric and psychological services.

Reaching Out to Families

Our Work is not Done! Although enrollment of eligible children has increased dramatically in recent years, there are many more to reach and additional children become uninsured everyday.

The Marketing and Outreach Unit works to inform families about the FAMIS programs and to educate enrolled clients about the services available to them. The Unit accomplishes this through presentations to community groups and businesses, development of brochures and print material, oversight of a media campaign, displays at health fairs and local events, and via the FAMIS website, www.famis.org.

Highlights from the FAMIS Marketing & Outreach Team . . .

Working Together with Other Agencies in the Commonwealth —

The Division's Marketing and Outreach Unit partnered with several other key state agencies during the year. The Department of Social Services (DSS) Division of Child Support Enforcement included a FAMIS message on all child support checks as part of our *Cover The Uninsured Week* campaign and also regularly distributes FAMIS brochures to families. In cooperation with the Virginia Employment Commission's Rapid Response Team, the Marketing and Outreach Team provided FAMIS program information to employee groups in response to large lay-offs. Again this year, Marketing and Outreach staff worked closely with Department of Education staff to coordinate an extensive flyer distribution throughout the public school system during our Back-to-School campaign in addition to participating in school nurse meetings to keep them up-to-date on FAMIS.

It is currently estimated that as many as 96,000 additional uninsured children may be eligible for FAMIS or FAMIS Plus.

The "Meet Julia" ads premiered in August 2005. They currently run during our annual *Back-to-School* campaign in the Fall and our annual *Cover The Uninsured Week* campaign in the Spring.

Annual Back-to-School Campaign —

The most effective marketing and outreach strategy employed continues to be the annual **Back-To-School Campaign**. In 2006, this campaign combined of use of targeted TV and radio advertising, a partnership with the Department of Education to distribute over 450,000 FAMIS flyers to more than 900 schools throughout the state, coordination with the Free & Reduced School Lunch Program, and increased participation in local community events such as health fairs and PTA events to promote the FAMIS program. The combination of the different marketing and outreach initiatives used during this campaign were highly successful with almost 35% of all new applications being referred to FAMIS from the school system and over 15% from print and media ads.

In 2006 the Division of Maternal and Child Health developed several new initiatives to encourage preventative health care for women and children. These initiatives are highlighted below:

Encouraging Preventive Care

- Distributed **new EPSDT Brochures** to children covered by FAMIS Plus to educate parents about the importance of well child visits and services available to them.
- Sent over **20,000 postcards** to families and key community partners to promote the new FAMIS MOMS and FAMIS *Select* programs.
- Developed new **Birthday Card reminders** for well child visits and lead screenings - ***over 40,000*** *are mailed monthly and have helped* ***increase lead testing for young children by 4% in one year!***

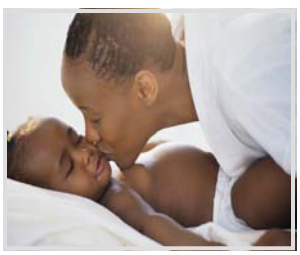
- Partnered with CVS Pharmacies and sent **coupon incentives** to FAMIS MOMS enrollees encouraging them to apply for benefits for their newborn in the first month of life.
- Developed a *New Mom* letter that is sent to **over 1,400** newly enrolled pregnant woman each month reminding them to schedule a prenatal visit and informing them of other resources that may be available to them, including the **Medicaid Family Planning Program**.
- Developed a **"Welcome to Family Planning"** letter informing enrollees of their benefits and how to obtain family planning services.
- Partnered with **March of Dimes** to provide an easy-to-read co-branded **"My 9 Months Pregnancy Baby Book"** in English or Spanish to all new FAMIS MOMS.

Hispanic Outreach

One of the most effective strategies in helping to reach the growing Latino population in our state has been hiring a **full-time bi-lingual Latino Marketing and Outreach Liaison.**

Results of her outreach efforts were seen in the dramatic outcome of our annual Back-to-School campaign when, Spanish calls received at the FAMIS Central Processing Unit increased 46% in August and 22% in September over the previous year.

Also, in 2006 our new "***Meet Julia"*** Spanish language radio ad premiered on four Spanish language radio stations in Virginia with funding assistance from the Virginia Department of Health. The ad is currently used during our two annual marketing campaigns.



Making it Easier for Families

The FAMIS CPU

The FAMIS Central Processing Unit (CPU) was established in 2001 and is operated by Affiliated Computer Services Inc. (ACS) under contract with DMAS. The CPU consists of a call center staffed by customer service representatives, an eligibility unit to process applications for FAMIS and FAMIS MOMS and a document management section to track all correspondence and process incoming and outgoing mail. The CPU provides the citizens of Virginia easy access to information about FAMIS and the ability to apply, at their convenience, either online or by phone.

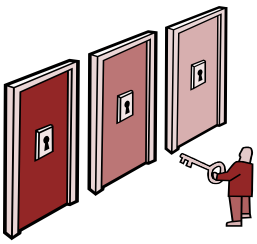
The CPU system is supported by a FAMIS database containing extensive information on each FAMIS case, including all contacts with applicants or current enrollees. Comprehensive management reports produced from this data assist the MCH division in administering the FAMIS programs.

CPU Services Include:

- Statewide toll-free call center for program information & application assistance
- Evening & Saturday hours
- Bilingual operators and access to translation line
- FAMIS program materials & application distribution
- Application review & processing
- Processing of electronic applications via the web
- FAMIS & FAMIS Plus eligibility determination
- Ongoing case maintenance & renewal of FAMIS
- Complaint resolution & coordination of appeals
- Reporting program data to DMAS.
- Maintenance of the FAMIS website: www.famis.org

"No Wrong Door"

One of the most significant program improvements implemented in 2002 was the policy that there would be "*no wrong door*" for families interested in applying for FAMIS coverage for their children. This meant that families would be able to apply for FAMIS or Medicaid (now FAMIS Plus) for their children at either their local department of social services (LDSS) or through the FAMIS CPU. A single application for children's health insurance was developed and wherever the application is received, it is processed and the child is enrolled into the proper program. Following enrollment, all FAMIS cases are maintained at the CPU and all Medicaid cases are maintained by the local agency.



Prior to this change, families were forced to guess which program they might qualify for and if they were wrong, would have to start the process over again elsewhere (CPU for FAMIS or LDSS for Medicaid). Much of the success Virginia has experienced in enrolling eligible children can be attributed to this family-friendly policy of allowing parents to apply in a manner that best suits their situation.

The E-Application

In 2004 an electronic version of the children's health insurance application was developed and made available on the FAMIS website in both English and Spanish. In 2005, it was modified to also serve as an application for a pregnant woman. By 2006, this popular feature represented just under 40% of all new applications received at the CPU.

Spotlight on the FAMIS CPU

The CPU has proven to be a cost effective and convenient alternative to traditional methods of applying for benefits for the citizens of Virginia.

At the CPU in 2006

- ***179,773 calls answered and 49,742 calls made to applicants,***
- ***50,625 applications received at the CPU,***
- ***14,940 cases approved by LDSS and transferred to CPU,***
- ***21% of all applications and 39% of new applications were received via the internet,***
- ***Averaged monthly FAMIS enrolled caseload of 43,554 children and 470 pregnant women,***
- ***Averaged 12 business days to process a completed FAMIS application,***
- ***Averaged 8 days to process a completed application for FAMIS MOMS, and***
- ***97% of surveyed callers who requested an application from the CPU rated the customer service as Excellent (49.7%) or Good (47.6%).***

In 2006 The FAMIS Plus Unit received 13,023 applications & enrolled almost 15,000 children and pregnant women.

During the first half of 2006, **95% of calls** received were **answered** and over **90% were answered within 90 seconds**. After July, following implementation of the requirement to document citizenship and identify for Medicaid eligibility, the call volume skyrocketed and waiting times and the number of abandoned calls increased significantly. By the end of the year, with new procedures and additional staff, call center operations were returning to normal. ***See page 15 for more information.***

Keeping Children Covered

In an effort to retain eligible children in the program, the CPU sends families early notification postcards 85 days prior to the annual renewal date. This is followed by a preprinted renewal form that parents are asked to update, sign and return. For those cases in danger of being canceled because of non response, the CPU calls the family to encourage them to renew on time and prevent a break in their child's coverage.

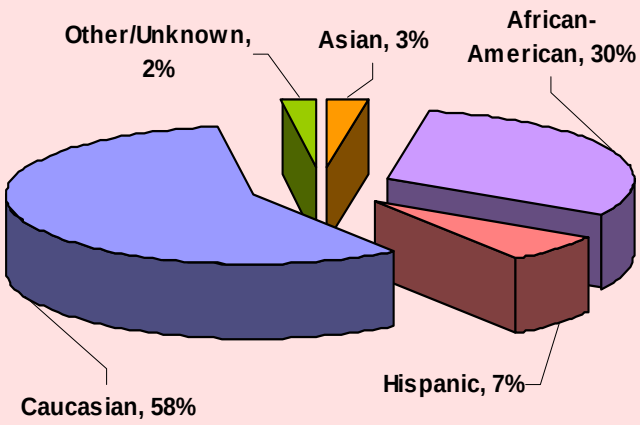
The FAMIS Plus Unit

The FAMIS Plus unit, located at the CPU, was established to process applications received at the CPU that appeared to be eligible for FAMIS Plus or Medicaid instead of FAMIS. This allows children and pregnant women eligible for Medicaid to be enrolled where they apply before the case is transferred to the local agency – just as local DSS offices enroll in FAMIS before transferring to the CPU. The unit is staffed by DMAS eligibility workers who also serve as liaisons to local DSS offices to help resolve issues or problem cases.

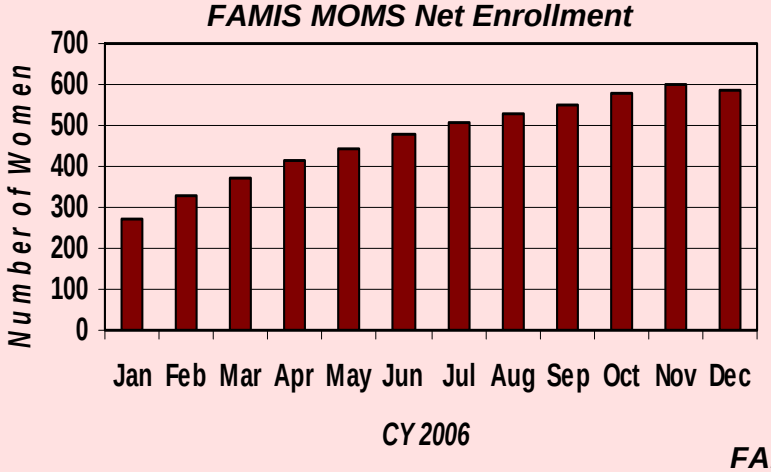
FAMIS

FAMIS MOMS

FAMIS MOMS Enrolled By Race



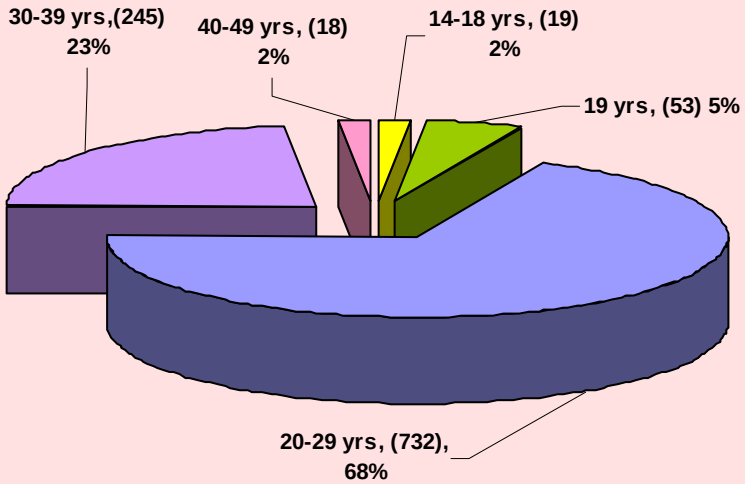
FAMIS MOMS Net Enrollment



IN 2006:

- Eligibility for **FAMIS MOMS** was increased from 150% FPL to 166%.
- Enrollment in FAMIS MOMS increased steadily reaching 705 by year's end and covered more than **300 births!**
- Over **70% of FAMIS MOMS** enrolled before the third trimester, with 36% enrolling in the first trimester.
- As of September 1, 2006, over **17,000 women** received prenatal care through Medicaid and the FAMIS MOMS programs combined.
- It was estimated that the Medicaid & FAMIS programs covered approximately **one third of all births** in Virginia!

FAMIS MOMS Enrolled By Age



Across the Commonwealth

In 2006:

- **FAMIS** kids came from all across the Commonwealth:

  - ***Northern = 30%***
  - ***Southwest = 23%***
  - ***Central = 20%***
  - ***Eastern = 27%***

  **Regions are derived from the Virginia Department of Health's local health district groupings.*

- **20%** of enrollees' family income was **below 150% FPL**, and **80%** was **above 150%FPL**.

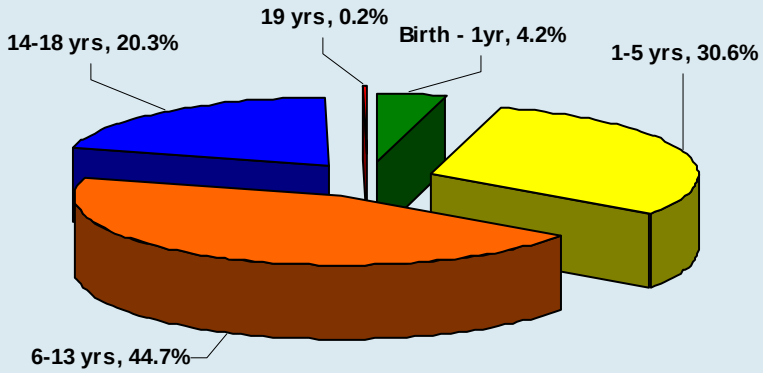
- **35%** of children enrolled were **under 6 years** of age.

- **FAMIS** families spoke many languages:

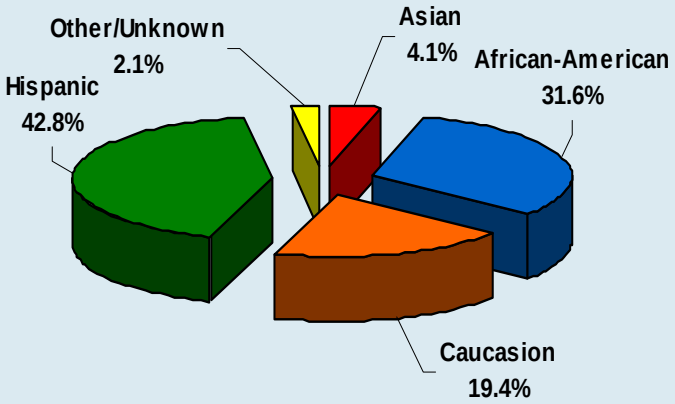
  - ***English = 86%***
  - ***Spanish = 13%***
  - ***Korean = .27%***
  - ***Vietnamese = .19%***
  - ***Arabic = .13%***
  - ***Chinese = .09%***
  - ***Russian = .09%***
  - ***Urdu = .09%***
  - ***Other = .43%***

- The **average cost** to cover a child with FAMIS benefits for a full year was **$1,752.**

FAMIS Children Enrolled by Age

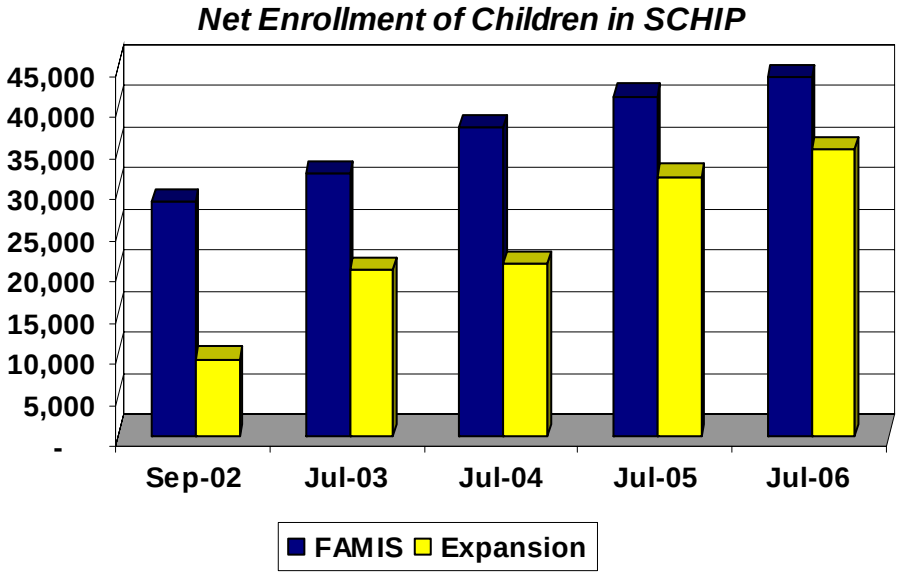


FAMIS Children Enrolled by Race

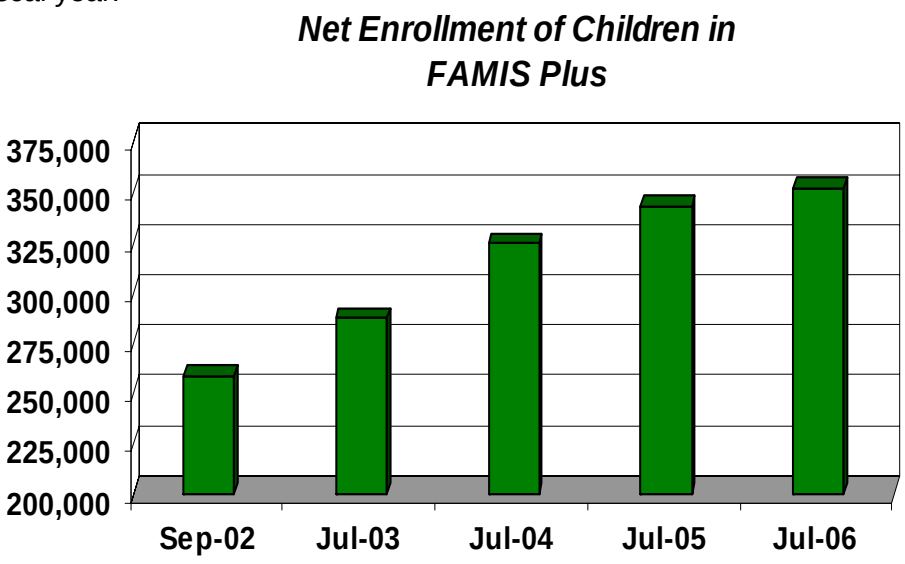


Covering Children with Affordable Health Insurance

Enrollment in both the **FAMIS** and **FAMIS Plus** programs began a significant and steady growth following program improvements implemented in September 2002. Simplifying the application process, improving coordination between the programs and launching an aggressive outreach campaign to educate families yielded dramatic results. **Together, these programs provide healthcare for 1 in 5 Virginia Children.**



As of July 2006 **430,878 children** were receiving comprehensive health care coverage through the **FAMIS** and **FAMIS Plus** programs. Over **600,000** children were covered at some time during the fiscal year.



Meeting the Health Care Needs of Virginia's Children & Families

Children's Special Needs Being Met Through EPSDT

In addition to other comprehensive health care services FAMIS Plus provides The ***E**arly and **P**eriodic **S**creening, **D**iagnosis, and **T**reatment **(EPSDT)*** benefit. EPSDT provides a way for children enrolled in FAMIS Plus (Children's Medicaid) to receive regular check-ups, follow-up treatment, and the special care they need to stay healthy. The EPSDT benefit insures that health concerns are diagnosed as early as possible and that treatment is provided before problems become more complex. Additionally, it insures that medically justified services are provided to treat or correct identified problems. It may include services such as specialized nursing, hearing aids, treatment for substance abuse and much more. In 2006, **63% of children** covered by Medicaid **received at least one EPSDT well child checkup.** This ranged from a high of 83% for infants to lows of 52% for adolescents and 29% for those age 19 and 20. Children enrolled in FAMIS through an MCO do not receive EPSDT benefits. However, comprehensive health benefits including well-child visits are provided.

EPSDT Check-Ups Include:

- √ Physical Examination
- √ Child and Family Medical History
- √ Blood Testing, including Lead Levels
- √ Hearing and Vision Screening
- √ Immunizations
- √ Developmental/Behavioral Assessment
- √ Anticipatory Guidance to Parents

FAMIS *Covered Services*

- Doctor Visits
- Well Child Check-Ups
- Hospital Visits
- Vaccinations
- Prescription Medications
- Tests and X-Rays
- Emergency Care
- Vision Care
- Medical Equipment
- Mental Health Care
- Substance Abuse Treatment
- Dental Care and More!

Healthy Mothers – Healthy Babies

Special Medicaid services for pregnant women, infants, and mothers help babies to be born healthy and stay healthy. In SFY 2006, **over 800 high risk pregnant women** and **1,200 high risk infants** received home visits and care coordination through the fee-for-service BabyCare program. Additional women and infants were enrolled in the high risk maternal and infant programs of each of the managed care organizations. Over **6,600 new mothers received services** through the Family Planning Program to **support healthy birth spacing!**

Special Initiatives

Healthy Partnerships in 2006

- DMAS continued the successful ***Project Connect Initiative*** by contracting with the **Virginia Health Care Foundation** to fund ***Project Connect*** grants to local community organizations in five high need areas. These local projects provided application assistance to families and enrollment training to community partners.
- A **new on-line FAMIS materials order form** was made available on the FAMIS website to make it easier for community partners to get FAMIS materials for their outreach activities.
- DMAS again contracted with the Virginia Health Care Foundation to conduct **eighteen SignUpNow trainings** for community programs to learn about FAMIS and **seven special SignUpNow HR trainings** for HR professionals to learn about the FAMIS *Select* program.

Training Sessions

- **The Marketing and Outreach Team worked closely with DSS to develop and implement a training on the FAMIS programs for front-line eligibility workers and supervisors. Just under 900 workers participated in the eight *Making the Pieces Fit* full-day workshops that were held throughout the state.**
- **Maternal & Child Health Division staff conducted 5 trainings around the Commonwealth on the Family Planning Program for case managers and community health workers. In addition, the program was highlighted in the DSS eligibility worker workshops and the DMAS training unit incorporated family planning information into Medicaid training for physicians and health departments.**
- **As part of the effort to improve awareness and utilization of well-child care and the EPSDT program, MCH staff also conducted 29 formal provider trainings on topics such as eligibility, covered services, prior authorization and billing procedures.**

CHIPAC

The Department of Medical Assistance Services (DMAS) per the Code of Virginia is required to maintain a **Children's Health Insurance Program Advisory Committee (CHIPAC).** Membership on CHIPAC is set by the Code of Virginia and can consist of no more than 20 members.

The CHIPAC mission is to advise the Director of the DMAS and the Secretary of Health and Human Resources on ways to optimize the efficiency and effectiveness of DMAS' programs that address the health needs of children. The full committee meets quarterly and holds subcommittee meetings between the full committee meetings.

In 2006 **CHIPAC focused** attention on three priority areas: **Children's access to health care, utilization of appropriate services, and retention of eligible children in the programs.** CHIPAC also investigated what data was available and needed for analysis for each of these topic areas.

FAMIS Policy Changes

Virginia made two significant changes to the FAMIS program in 2006 to encourage early prenatal care and help families meet the needs of their newborns:

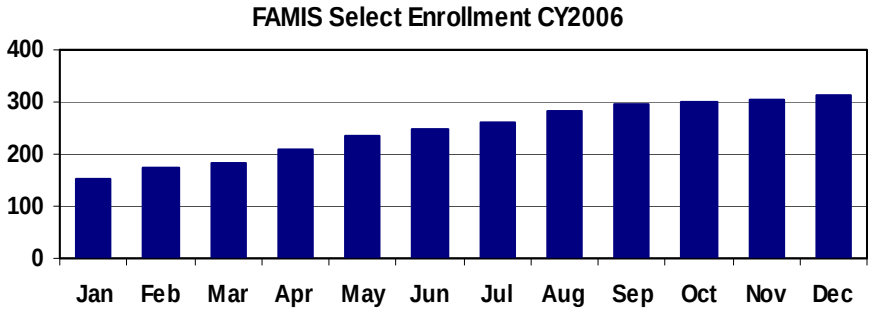
- Newborns are now allowed retroactive coverage back to their date of birth for up to three months; and
- Pregnant children are no longer required to wait four months after dropping private coverage to be eligible for FAMIS.

FAMIS SELECT

IMPLEMENTING FAMIS SELECT

FAMIS *Select* is a voluntary program that gives parents of FAMIS enrolled children the freedom to choose between covering their children with the FAMIS health plan or with a private or employer's health Insurance plan. Parents that choose to purchase private or employer-sponsored health insurance are reimbursed $100 per child per month by the FAMIS *Select* program to help pay the premium. Since FAMIS *Select* began, enrollment in the program has increased steadily. By the end the first year, **315 children** were enrolled in FAMIS *Select*. The premium assistance provided to children enrolled in FAMIS *Select* costs less every month than it would to cover a child in FAMIS. For every four children enrolled in FAMIS *Select* we can cover one additional new child in FAMIS.

89% of participants surveyed reported that they were "very satisfied" with the FAMIS Select program.



According to a recent survey, the primary reasons families chose FAMIS *Select* were:

(1) to have all family members on the same health plan;

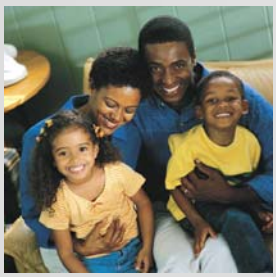
(2) for continuity of medical care;

(3) to have the ability to cover parents.

For some families, the FAMIS *Select* reimbursement may make health coverage affordable for the entire family. As of December 2006, **214 adults** and **23 additional children** (*not eligible for FAMIS*) were covered by health insurance policies supported by the FAMIS *Select* program. A total of 552 individuals were covered by policies supported by a combination of employer, family and SCHIP (government) dollars.

"FAMIS Select helps me to afford quality health care for my entire family….is GREAT! FAMIS Select was easy to enroll in & is a great & easy program to follow."

-FAMIS Select Parent



"We were able to get coverage for a parent and 2 college students, one of whom is a diabetic. . . . We say THANK YOU for FAMIS Select and helping our entire family receive health coverage!"

-FAMIS Select Parent

"We love being able to keep the doctor our children have seen since birth. FAMIS Select is a wonderful benefit for us right now & it makes it possible for us to afford good medical care for our children, without having to sacrifice in another need area, like healthy food."

-FAMIS Select Parent

Expenditures

Dollars Spent in State Planning Districts

The following table represents the number of children enrolled in FAMIS and FAMIS Plus (Children's Medicaid) as well as the dollars spent on medical care by Planning District in state fiscal year 2006. The number of children enrolled is reported as of July 1, 2006 and does not represent the number of children ever-enrolled during the year. The dollar amount presented represents fee-for-service claims that were paid for services rendered in SFY 2006 as well as capitated payments to managed care plans for enrolled children. This data does not include payments for dental services and FAMIS *Select* premium assistance payments that represent an additional **$14,895,219** in medical expenditures statewide for a total SFY 2006 expenditure of **$964,546,477**.

Planning District	Localities	Total Children Enrolled 7-1-2006	Total Medical Dollars Spent
Lenowisco *(PD #1)*	*Counties of Lee, Scott, Wise & the City of Norton*	***10,153***	**$19,426,069**
Cumberland Plateau *(PD #2)*	*Counties of Buchanan, Dickenson, Russell & Tazwell*	***12,002***	**$21,813,311**
Mount Rogers *(PD #3)*	*Counties of Bland, Bristol, Carroll, Galax, Grayson, Smyth, Washington & Wythe*	***15,604***	**$26,840,957**
New River Valley *(PD #4)*	*Counties of Floyd, Giles, Montgomery, Pulaski & Radford*	***9,626***	**$22,252,243**
Roanoke Valley *(PD #5)*	*Counties of Alleghany, Botetourt, Craig, Covington, Roanoke, and the Cities of Roanoke & Salem*	***18,114***	**$45,104,120**
Central Shenandoah *(PD #6)*	*Counties of Augusta, Bath, Buena Vista, Harrisonburg, Highland, Lexington, Rockbridge, Rockingham, Staunton & Waynesboro*	***16,132***	**$35,349,044**
Northern Shenandoah Valley *(PD #7)*	*Counties of Clark, Frederick, Page, Shenandoah, Warren & Winchester*	***11,430***	**$24,778,437**
Northern Virginia *(PD #8)*	*Counties of Alexandria, Arlington, Fairfax, Falls Church, Loudoun, Manassas, Manassas Park & the City of Fairfax*	***76,860***	**$158,164,175**

Planning District	Localities	Total Children Enrolled 7-1-2006	Total Dollars
Rappahannock *(PD #9)*	*Counties of Culpeper, Fauquier, Madison, Orange & Rappahannock*	***7,104***	**$16,481,955**
Thomas Jefferson *(PD #10)*	*Counties of Albermarle, Fluvanna, Greene, Louise, Nelson, the City of Charlottesville (Nelson belongs to PD 1&10 for this report Nelson's dollars are only included in PD10)*	**11,279**	**$26,570,041**
Region 2000 - Lynchburg Area *(PD #11)*	*Counties of Amherst, Appomattox, Bedford, Cambell, and the Cities of Bedford & Lynchburg*	**17,563**	**$37,834,879**
Western Piedmont *(PD #12)*	*Counties of Danville, Franklin, Henry, Patrick, Pittsylvania & Martinsville (Franklin belongs to PD 5&12 for this report Franklin dollars are only included in PD12)*	**23,134**	**$38,926,287**
Southside *(PD #13)*	*Counties of Brunswick, Halifax & Mecklenburg*	**8,102**	**$13,640,499**
Piedmont *(PD #14)*	*Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway & Prince Edward*	**8,934**	**$14,935,994**
Richmond *(PD #15)*	*Counties of Charles City, Chesterfield, Goochland, Hanover, Henrico, New Kent, Powhattan and the City of Richmond. (Chesterfield belongs to PD 15&19 for this report Chesterfield's dollars are only included in PD15)*	***60,132***	**$140,298,202**
RADCO - Fredricksburg Area *(PD #16)*	*Counties of Caroline, King George, Spotsylvania, Stafford and the City of Fredricksburg*	***14,794***	**$29,886,487**
Northern Neck *(PD #17)*	*Counties of Lancaster, Northumberland, Richmond County & Westmoreland*	***3,845***	**$7,505,430**
Middle Peninsula *(PD #18)*	*Counties of Essex, Gloucester, King and Queen, King William, Mathews & Middlesex (Gloucester belongs to PD 23&18 for this report Gloucester's dollars are only included in PD18)*	***5,446***	**$10,154,158**
Crater *(PD #19)*	*Counties of Dinwiddie, Emporia, Greensville, Prince George, Surry, Sussex, and the Cities of Colonial Heights, Hopewell, & Petersburg (Surry belongs to PD 19&23 for this report Surry's dollars are only included in PD19)*	***14,627***	**$30,003,684**
Accomack-Northhampton *(PD #22)*	*Counties of Accomack & Northampton*	***5,232***	**$10,569,688**
Hampton Roads (PD #23)	*Counties of Isle of Wight, James City, Poqouson, Southampton, Suffolk, York, and the Cities of Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Virginia Beach & Williamsburg*	***110,985***	**$219,073,644**
Offline Payments			**$14,895,218**
Total		***461,102****	**$964,546,477**
***This total will not match the July 2006 monthly report due to updates made to the recipient file.**			
Total Dollars Spent for Medical Services SFY 2006:			

Unique Challenges

Effects of the DRA Citizenship and Identity requirements

In February 2006, President Bush signed into law the Deficit Reduction Act of 2005 (DRA). Among the many provisions of the DRA allowing states to modify their Medicaid programs, was a new eligibility requirement:

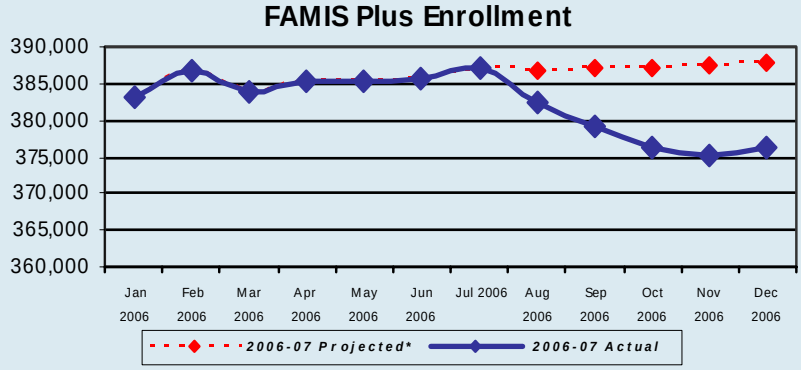
Individuals applying for or renewing their Medicaid coverage who claimed to be US citizens would now be required to prove both their citizenship and their identity in order to get or keep Medicaid.

The Centers for Medicare and Medicaid Services (CMS) issued interim final regulations to the states on how to implement this new provision in June and the requirement became effective July 1, 2006. Subsequently, several populations, including recipients of SSI or Medicare, and children in foster care were exempted from this provision. However, the new requirement to document citizenship and identity remains in effect for most children and pregnant women applying for or renewing Medicaid in Virginia.

While the Department of Medical Assistance Services, the Department of Social Services and the Bureau of Vital Records (Department of Health) took aggressive action to both inform and assist families, the negative impact of these new requirements on enrollment was immediate and dramatic. The new requirement, especially the need to provide original documents, proved to be a barrier for many families and created significant increased workloads at local departments of social services and the FAMIS Central Processing Unit.

DRA Impact on Enrollment in Virginia

While the DRA did not have a direct impact on the eligibility of children or pregnant women in FAMIS or FAMIS MOMS, these programs did experience some residual impact resulting from sharply increased call volumes and delayed processing times as the FAMIS CPU and local agencies struggled to help families through the process. Fortunately, enrollment in the separate SCHIP programs (FAMIS/FAMIS MOMS) continued to steadily increase following July 1, 2006. However, by the end of 2006, the net **monthly enrollment of children** in FAMIS Plus had **declined by 11,202** since July 1, 2006. The number of **pregnant women** covered by Medicaid had **declined by 734.**



This graph shows the number of children enrolled by month as compared to the number of children expected to be enrolled based on the trend of the previous 18 months.

Moving Forward

2007 Maternal & Child Health To Do List:

- √ Implement increased eligibility for **FAMIS MOMS to 185% FPL**
- √ Continue to conduct **effective outreach** and enroll more eligible children & pregnant women
- √ Develop a **simplified FAMIS annual renewal** process
- √ Improve **well-child visit** rates
- √ Implement **new support program for all pregnant women** in fee-for-service and **expand** availability of **services to high risk women and infants**
- √ Expand the **Family Planning Program** to **serve women and men up to 133% FPL**
- √ Design and disseminate **new materials** to encourage utilization of services
- √ Create age appropriate **"Staying Healthy"** pages on the **FAMIS website** to promote the utilization of well child services & prenatal care
- √ Encourage the use of **standardized screening tools** during well-child visits ***(ABCD initiative)***
- √ Implement new initiative to **return certain children from psychiatric facilities** to their homes with extensive community services
- √ Improve our methods of **evaluating programs** and **health outcomes**

SCHIP Reauthorization

The authorizing legislation and funding for The State Children's Health Insurance Program (SCHIP) will expire on September 30, 2007. Congress must act to reauthorize the program and determine future SCHIP funding before this occurs. SCHIP has been an extremely successful program nationally as well as in Virginia. It is widely credited with contributing to the reduction in the rate of uninsured children in the United States during a time when adults continued to lose coverage.

The core issue of the reauthorization debate is the level of funding appropriated and how that funding is allocated to the states. Additionally, Congress must consider who should be covered under SCHIP and how much flexibility states will be given to design their programs. Current SCHIP eligibility varies among the states ranging from 150% FPL to 350% FPL, with the majority of states at 200% FPL. Some states (15) have extended coverage to pregnant women, parents, and/or childless adults. Other issues likely to be debated include:

- Coverage of children of state employees,
- Utilizing SCHIP to provide missing benefits for children covered by employer-sponsored plans,
- Requirements to document citizenship & identity, and
- Increased mandated benefits.

The result of reauthorization will have significant impact on Virginia's FAMIS & FAMIS MOMS programs and our ability to reach out to more uninsured children.

Maternal & Child (MCH) health Division Directory

Department of Medical Assistance Services
Commonwealth of Virginia

Maternal & Child Health Division	804.786.6134
FAMIS Toll Free	866.873.2647
FAMIS Select Toll Free	888.802.5437

For more information please visit: www.dmas.virginia.gov/ch-home
www.famis.org

Division of Maternal & Child Health
Department of Medical Assistance Services
Commonwealth of Virginia